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## **FIRELINE PARAMEDIC**

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### **PURPOSE**

To provide guidance and medical oversight for an ICEMA paramedic deployed to function as a fireline paramedic.

This protocol is for use by authorized fireline paramedics during fire suppression activities and treatment of fire suppression personnel only.

### **AUTHORITY**

California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220 California Code of Regulations, Title 22, Division 9, Sections 100165 and 100167 California Fire Service and Rescue Emergency Mutual Aid System, Mutual Aid Plan, (3-2002). California Code of Regulations Title 22, Division 9, Section 100165 (l) states: *"During a mutual aid response into another jurisdiction, a paramedic may utilize the scope of practice for which s/he is trained and accredited according to the policies and procedures established by his/her accrediting local EMS agency."*

### **DEFINITIONS**

*Fireline Emergency Medical Technician-P (FEMP):* A paramedic who meets all prerequisites established by FIREScope and is authorized by the paramedic's department to provide ALS treatment on the fireline to ill or injured fire suppression personnel.

### **REQUIREMENTS**

1. Must be a currently licensed paramedic in California.
2. Must be currently accredited paramedic in the ICEMA region.
3. Must be currently employed by an ICEMA approved ALS provider.
4. The FEMP will follow FIREScope FEMP ICS 223-11 Position Manual and all other ICS protocols.
5. The FEMP will check in and obtain briefing from the Logistics Section Chief or the Medical Unit Leader, if established. Briefing will include current incident situation, anticipated medical needs, and local emergency medical system orientation.
6. The FEMP will provide emergency medical treatment to personnel operating on the fireline.

7. The FEMP will follow ICEMA prior to contact protocols if unable to contact the assigned base station.
8. The FEMP may not perform skills outside of the ICEMA scope of practice.

## PROCEDURE

1. The provider agency will notify ICEMA of the deployment of the FEMP to an incident.
2. The FEMP will carry inventory in the ALS pack as per the attached inventory list. Inventory will be supplied and maintained by the employing provider agency. Additional items for restock should also be maintained and secured in a vehicle or in the Medical Unit trailer.
3. Incident Medical Units may not have the capability of resupplying controlled substances (narcotics). Providers should stock sufficient quantities of medical supplies and medications, especially controlled substance medications, to assure adequate supplies and medications.
4. Narcotics must be under double lock and maintained on the FEMP person or secured in his/her vehicle at all times as per the ICEMA Drug and Equipment List.
5. FEMP may carry an inventory of controlled substances (i.e. Morphine and Midazolam) if authorized by the employing agency's Medical Director. The authorizing Medical Director is responsible to assure full compliance with all federal and state laws relating to purchase, storage and transportation of controlled substances. Only controlled substances approved for use in the ICEMA region may be carried and their use must be in accordance with current ICEMA patient care protocols.
6. Radio communication failure protocols will not be used. Prior to base contact protocols will be followed. If further treatment is needed, radio contact with the base station should be established as soon as possible.
7. Documentation of patient care must follow ICEMA protocol utilizing the ePCR, if available, or a paper O1A form. All patient care reports will be reviewed by the provider agency and ICEMA for QI purposes.
8. A FEMP will be paired with a fireline EMT (FEMT) or another FEMP who will assist with BLS treatment and supplies.

**FIRELINE EMT-P (ALS) PACK INVENTORY**

**Minimum Requirements.** *The weight of the pack will dictate if the paramedic chooses to carry additional ALS supplies.*

**ALS AIRWAY EQUIPMENT**

1. Endotracheal intubation equipment:
  - a. 6.0, 7.0 and/or 7.5 ET
  - b. Mac 4, Miller 4, and handle (pediatric suggested for weight)
  - c. Stylet and/or gum elastic intubation stylet
2. King Airway -- one each - Size 3, 4 and 5
3. ET tube holder
4. End tidal CO2 Detector
5. Needle cricothyrotomy kit
6. Needle thoracostomy kit

**IV/MEDICATION ADMINISTRATION SUPPLIES**

1. IV administration set macro drip (2)
2. Venaguard (2)
3. Alcohol preps (6)
4. Betadine swabs (4)
5. Tourniquet (2)
6. Razor (1)
7. Tape (1)
8. IV catheters 2 each - 14, 16, 18 and 20 gauge
9. 10cc syringe (2)
10. 1 cc TB syringe (2)
11. 18 gauge needle (4)
12. 25 gauge needle (2)
13. Lancets

**MISCELLANEOUS**

1. Sharps container (1)
2. Narcotic storage per protocol
3. FEMP pack inventory sheet (1)
4. Patient care record or ePCR (Toughbook)
5. AMA forms (3)

**EQUIPMENT**

1. Compact AED or compact monitor defibrillator combination
2. Appropriate cardiac pads
3. Pulse oximetry (optional)
4. Glucometer and test strips (4)

**MEDICATIONS**

1. Albuterol Solution 2.5 mg (4) Handheld Nebulizer or Multidose Inhaler
2. Atropine Sulfate 1 mg (2)
3. Ipratropium Bromide Solution 0.5mg (4) Handheld Nebulizer or Multidose Inhaler
4. Lidocaine 100 mg IV pre-load (2)
5. Aspirin 80 mg chewable bottle (1)
6. Dextrose 50% 25gm pre-load (1)
7. Diphenhydramine 50 mg (4)
8. Epinephrine 1: 10,000 1mg (2)
9. Epinephrine 1: 1000 1mg (4)
10. Glucagon 1mg (1)
11. Midazolam 20 mg
12. Morphine Sulfate 10 mg/ml (amount determined by the medical director)
13. Nitroglycerin spray 0.4 metered dose (1)
14. Saline 0.9% IV 1000 ml may be divided in two 500ml bags or four 250 ml bags.

The BLS pack and supplies will be carried by the FEMT or accompanying FEMP. Personal items and supplies cannot be carried in either the ALS pack or the BLS pack.